



**City of Fayetteville**  
**BEER/WINE LICENSE APPLICATION**  
**PO Drawer D, Fayetteville, North Carolina 28302**  
**(910) 433-1678**

For Office Use Only  
Zoning Approval  
\_\_\_\_\_

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Account # \_\_\_\_\_

License # \_\_\_\_\_

Date Business Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Tax Year Beginning May 1, \_\_\_\_\_

Please Check if: ☐ New Application ☐ Ownership Change ☐ Name Change ☐ Address Change

**PLEASE CHECK TYPE OF LICENSE FOR WHICH ABC PERMIT HAS BEEN ISSUED:**

- ☐ Malt Beverage (Beer) On Premises ☐ Fortified Wine On Premises ☐ Unfortified Wine On Premises  
☐ Malt Beverage (Beer) Off Premises ☐ Fortified Wine Off Premises ☐ Unfortified Wine Off Premises  
☐ Wholesale Malt (Beer) Beverage ☐ Wholesale Wine (Fortified/Unfortified)

**STATE ABC PERMIT NUMBERS ISSUED FOR THIS BUSINESS LOCATION:**

MALT (BEER) BEVERAGE \_\_\_\_\_ FORTIFIED/UNFORTIFIED WINE \_\_\_\_\_

Business Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other

Business Name (Indicate your Trade Name or D/B/A name.) \_\_\_\_\_

Physical Address of Business Location \_\_\_\_\_  
(Please include any Suite or Apt #'s. Do not use a P.O. Box #.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Mailing Address (if different) \_\_\_\_\_  
(All correspondence will be sent to this address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Business Location Telephone Number Secondary Telephone Number

**CORPORATE APPLICANTS COMPLETE THIS SECTION (including LLC's, LLP's and S Corps):**

Corporate Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALL CORPORATE APPLICANTS MUST HAVE A RESIDENT MANAGER TO WHOM THE LICENSE IS ISSUED. THIS MANAGER MUST CERTIFY THAT THE STATEMENTS BELOW ARE TRUE. PLEASE HAVE THE MANAGER COMPLETE THE SECTION BELOW:**

Manager's Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License # \_\_\_\_\_

**NON-CORPORATE APPLICANTS COMPLETE THIS SECTION (PROPRIETORSHIP/PARTNERSHIP):  
OWNERSHIP MUST BE IN THE SAME NAME AS INDICATED ON THE STATE ABC PERMITS, THIS PERSON MUST CERTIFY  
THAT THE STATEMENTS BELOW ARE TRUE.**

Owner's Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's License # \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's License # \_\_\_\_\_

**BY NOTARIZED SIGNATURE, THE APPLICANT CERTIFIES THAT THE FOLLOWING STATEMENTS ARE TRUE:**

- 1) The information on this application is correct to the best of my knowledge.
- 2) The applicant is a resident of North Carolina and is at least 21 years of age, unless the applicant is a manager of a business selling only malt beverage and unfortified wine, in which case the applicant shall be at least 19 years of age
- 3) The applicant has not been convicted of a misdemeanor controlled substance offense or an alcoholic beverage offense within the past two years.
- 4) The applicant has not been convicted of a felony within that past three years.
- 5) The applicant has not had an alcoholic beverage permit revoked within three years.
- 6) I understand the this application, including any information provided may be considered a public record and as such portions may be subject to release under North Carolina General Statutes Chapter 132, Public Record.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared  
before me \_\_\_\_\_ who acknowledged execution of the  
above application and, being duly sworn according to the law, deposes and says the statements made by him/her and contained  
therein are true and accurate.

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
NOTARY PUBLIC

**For Office Use Only**

CODE	LICENSE TYPE	TAX
231	On Premises Beer - \$15.00 per year	\$
232	Off Premises Beer - \$5.00 per year	\$
233	On Premises Wine - \$15.00 per year	\$
234	Off Premises Wine - \$10.00 per year	\$
230	Wine Dealers – Wholesale - \$37.50 per year	\$
229	Beer and Wine Dealers – Wholesale - \$62.50 per year	\$
999	Penalty	\$
----	Past Due Tax	\$
----	Past Due Penalty	\$
<b>TOTAL DUE</b>		<b>\$</b>